

County: Oneida  
TAYLOR PARK HEALTH & REHAB CENTER  
P.O. BOX 857

Facility ID: 8880

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RHINELANDER 54501 Phone:(715) 365-6900  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 100  
Total Licensed Bed Capacity (12/31/02): 100  
Number of Residents on 12/31/02: 90

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 93

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		41.1
Supp. Home Care-Personal Care	No					More Than 4 Years		37.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.1			21.1
Day Services	No	Mental Illness (Org./Psy)	31.1	65 - 74	7.8			-----
Respite Care	No	Mental Illness (Other)	7.8	75 - 84	28.9			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	8.9	65 & Over	98.9	-----		
Transportation	No	Cerebrovascular	6.7		-----	RNs		12.7
Referral Service	No	Diabetes	1.1	Sex	%	LPNs		2.9
Other Services	No	Respiratory	5.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	28.9	Male	24.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			2	3.0	134	1	100.0	153	0	0.0	0	0	0.0	0	0	0.0	0	3	3.3
Skilled Care	8	100.0	455			61	91.0	116	0	0.0	0	14	100.0	173	0	0.0	0	0	0.0	0	83	92.2
Intermediate	---	---	---			4	6.0	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0				67	100.0		1	100.0		14	100.0		0	0.0		0	0.0		90	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			
		-----			
Percent Admissions from:		Activities of		% Needing Assistance of	Total
		Daily Living (ADL)		One Or Two Staff	Number of Residents
				%	
Private Home/No Home Health	5.3	Bathing	Independent	70.0	90
Private Home/With Home Health	1.3	Dressing		30.0	90
Other Nursing Homes	2.6	Transferring		17.8	90
Acute Care Hospitals	88.7	Toilet Use		30.0	90
Psych. Hosp.-MR/DD Facilities	0.0	Eating		2.2	90
Rehabilitation Hospitals	0.0	*****			
Other Locations	2.0				
Total Number of Admissions	151	Continence		%	%
Percent Discharges To:		Indwelling Or External Catheter		5.6	10.0
Private Home/No Home Health	28.2	Occ/Freq. Incontinent of Bladder		54.4	0.0
Private Home/With Home Health	19.9	Occ/Freq. Incontinent of Bowel		34.4	0.0
Other Nursing Homes	5.8				2.2
Acute Care Hospitals	11.5	Mobility			2.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		2.2	42.2
Rehabilitation Hospitals	0.0				
Other Locations	6.4	Skin Care			
Deaths	28.2	With Pressure Sores		5.6	94.4
Total Number of Discharges		With Rashes		4.4	
(Including Deaths)	156				
					Receiving Psychoactive Drugs
					57.8

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.0	80.0	1.16	82.4	1.13	83.3	1.12	85.1	1.09
Current Residents from In-County	75.6	73.3	1.03	79.0	0.96	75.8	1.00	76.6	0.99
Admissions from In-County, Still Residing	17.2	19.2	0.90	21.3	0.81	22.0	0.78	20.3	0.85
Admissions/Average Daily Census	162.4	136.0	1.19	130.4	1.24	118.1	1.37	133.4	1.22
Discharges/Average Daily Census	167.7	138.5	1.21	132.8	1.26	120.6	1.39	135.3	1.24
Discharges To Private Residence/Average Daily Census	80.6	59.1	1.36	58.2	1.39	49.9	1.62	56.6	1.43
Residents Receiving Skilled Care	95.6	93.4	1.02	93.4	1.02	93.5	1.02	86.3	1.11
Residents Aged 65 and Older	98.9	95.9	1.03	94.2	1.05	93.8	1.05	87.7	1.13
Title 19 (Medicaid) Funded Residents	74.4	73.2	1.02	73.9	1.01	70.5	1.06	67.5	1.10
Private Pay Funded Residents	15.6	16.8	0.93	17.0	0.91	19.3	0.81	21.0	0.74
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	0.7	0.00	7.1	0.00
Mentally Ill Residents	38.9	33.7	1.16	34.5	1.13	37.7	1.03	33.3	1.17
General Medical Service Residents	28.9	19.3	1.50	19.0	1.52	18.1	1.60	20.5	1.41
Impaired ADL (Mean)	52.0	46.1	1.13	48.0	1.08	47.5	1.10	49.3	1.06
Psychological Problems	57.8	51.2	1.13	51.4	1.12	52.9	1.09	54.0	1.07
Nursing Care Required (Mean)	8.3	7.2	1.16	6.8	1.22	6.8	1.23	7.2	1.16